

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ralph Rodriguez		COURT CASE NUMBER 7:22-cv-10056-PMH -18
DEFENDANT Burnett et al		TYPE OF PROCESS Summons & Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN OSI Member: Christopher Ciacco	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) DOCCS OSI, The Harriman State Campus 1220 Washington Avenue Albany, NY 12226-2050	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ralph Rodriguez 17-A-0928 Fishkill Correctional Facility P.O. Box 307 Housing Unit 9-1 Beacon, NY 12508		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):		

Signature of Attorney other Originator requesting service on behalf of: <i>Tanuj Arora</i>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 5/2/2023
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 19/22	District of Origin No. 084	District to Serve No. 082	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 7/18/2023
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>Megan Spillane</i>	Date 07/18/2023	Time 1620	<input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy <i>[Signature]</i>		

Costs shown on attached USMS Cost Sheet >>

REMARKS The above legal counsel refused to accept